

**IOWA DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF RADIOLOGICAL HEALTH**

Lucas State Office Building, 5<sup>th</sup> Floor  
321 East 12<sup>th</sup> Street  
Des Moines, Iowa 50319

**APPLICATION FOR INDUSTRIAL RADIOGRAPHER TRAINER CARD**

**INSTRUCTIONS:** Complete all sections. Mail the original and a \$75.00 non-refundable fee payable to Iowa Department of Public Health in accordance with Chapter 38.8(3)"c" of IDPH Radiation Machines and Radioactive Materials Rules to the above address. Give a copy to the trainer and keep a copy for your records. Incomplete or incorrect forms will be returned. **Please type or print legibly.**

(Check one): ☐ Radioactive Materials Only ☐ X-Ray Machines Only ☐ Both ☐ Replacement Card

**I. PERSONAL DATA**

Full Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(MM/DD/YY)

Radiographer Identification No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(MM/DD/YY)

**II. CERTIFIED RADIOGRAPHER EXPERIENCE 641-45.1(10)"b"**

Use page two of this form to document one year of experience as a certified radiographer. Provide a copy of the applicants' current Radiographer Card.

**III. ADDITIONAL QUALIFICATION REQUIREMENTS 641-45.1(10) "c"**

If currently working for a radiography company, you must complete this section, and the RSO must sign this form.

Company Name \_\_\_\_\_

Co. Phone \_\_\_\_\_ Co. License/Registration No. \_\_\_\_\_

Co. Mailing Address \_\_\_\_\_

Completed written or oral exam covering topics in 641-45.1(10)"a" on \_\_\_\_\_  
(MM/DD/YY)

Demonstrated competence using this company's sources of radiation on \_\_\_\_\_  
(MM/DD/YY)

**IV. MAIL TRAINER CARD TO:**

☐ Company ☐ Other address \_\_\_\_\_

**V. CERTIFICATION**

I certify the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Trainer Applicant

\_\_\_\_\_  
Signature of RSO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Name of RSO

- **Privacy Act Notice:** Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18

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**Radiographer's Name:** \_\_\_\_\_

## CERTIFIED RADIOGRAPHER EXPERIENCE RECORD

### E X A M P L E

<i><b>*Years of Certified Radiography Experience (mm/dd/yy) thru (mm/dd/yy)</b></i>	<i><b>Name the Equipment Manufacturer</b></i>	<i><b>Print Name of Radiation Safety Officer Name of Company City/State</b></i>
<i><b>01/01/04-01/01/05</b></i>	<i><b>Amersham, Inc. SPEC, etc. Balteau, XMAS, Sperry, etc.</b></i>	<i><b>John Doe XYZ Industries, Inc. Racine, WI</b></i>

To qualify as a trainer, document at least one year of experience as a certified radiographer.

<b>*Years of Certified Radiographer Experience (mm/dd/yy) thru (mm/dd/yy)</b>	<b>Name the Equipment Manufacturer  Specify Radioactive Material Device and/or X-Ray Machine</b>	<b>Print Name of Radiation Safety Officer Name of Company City/State</b>

\*Radiographer experience includes the use of sources of radiation, performance of radiation surveys and radiation safety related activities. Radiographer experience does not include film development and interpretation, darkroom activities, travel, safety meetings, classroom training and/or the use of cabinet x-ray units.